



FEMA

LESSON LEARNED

Mass Care: Shelter Compliance with the Americans with Disabilities Act

SUMMARY

Mass care planners should review shelter facilities to determine the extent to which they comply with the Americans with Disabilities Act (ADA).

DESCRIPTION

Hurricane Gustav originated from a tropical wave that formed off the west coast of Africa in August 2008. In late August, as Hurricane Gustav intensified in the Caribbean, Louisiana and Texas prepared to conduct general population evacuations. The Oklahoma State Department of Health (OSDH) prepared to support the public health and medical needs of evacuees who arrived in Oklahoma from the affected areas. As the hurricane approached the Gulf Coast, the Oklahoma-based National Disaster Medical System area emergency manager worked with OSDH to plan and conduct air evacuations of 32 high-level patients from Louisiana before Hurricane Gustav made landfall.

Hurricane Gustav made landfall as a Category 2 storm near Cocodrie, Louisiana, at 3:00 p.m. on September 1, 2008. It caused 11 deaths and estimated damages of \$4.3 billion in the US. There were another 41 deaths indirectly associated with Hurricane Gustav in Louisiana.

At the same time, the Oklahoma Department of Emergency Management and the City of Oklahoma City prepared to open a large mass shelter for general population evacuees from Louisiana. Oklahoma officials were informed that these evacuees would have limited or no special care needs. Consequently, no enhanced care representative was included in the planning process for this shelter operation. The shelter provided mass care services that met the guidelines established in the National Response Framework but had limited capabilities to support individuals with enhanced needs.

The Americans with Disabilities Act (ADA) of 1990 prohibits discrimination against persons with disabilities. For more on the ADA, please visit www.ada.gov.

Consequently, no enhanced care representative was included in the planning process for this shelter operation. The shelter provided mass care services that met the guidelines established in the National Response Framework but had limited capabilities to support individuals with enhanced needs.

Approximately 1,600 evacuees arrived at the shelter via bus in the early hours of September 1. OSDH received a request that it open and manage an onsite clinic and coordinate special needs care at the shelter. Clinic operations provided triage by medical personnel for 945 evacuees. Medical personnel treated 440 people onsite for chronic disorders such as diabetes, hypertension, and asthma. In addition, 79 evacuees were transported from the shelter to area hospitals for medical care. OSDH activated mutual aid agreements with local pharmacies to fill 580 prescriptions for evacuees. Emergency medical services, Oklahoma Medical Reserve Corps, United Way, American Red Cross, Salvation Army, Oklahoma Department of Human Services, and OSDH personnel worked to meet the needs of the assisted care evacuees.

Despite these efforts, the limited capabilities of the shelter facility presented numerous challenges for evacuees with enhanced needs. For example, the shelter lacked handicapped bathrooms or ramps that allowed people who were wheelchair-bound to access outside areas. The facility did not have telecommunication devices for the deaf. Many evacuees went their entire stay without a shower due to the limited indoor restroom and shower facilities, although sponge baths or pan baths were provided 48 hours into shelter operations. The after-action report recommends that OSDH ensure ADA compliance of selected shelter facilities.

Mass care planners should review shelter facilities to determine the extent to which they comply with the ADA.

CITATION

Oklahoma State Department of Health. *Oklahoma State Department of Health Hurricane Gustav Response*. 05 Feb 2009.

<https://www.llis.dhs.gov/docdetails/details.do?contentID=37006>

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